

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/049749

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		1	1			
4		3	1			
5		3	1			
6		1	1			
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TOTAL IND.	↓		3	↓		↓
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TOTAL CLAIMS			14			

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	↓		↓		↓	
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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